

Leading breast cancer radiologist stresses cancer awareness to tackle rise in disease

Full mammography solution assists Mumbai imaging center in addressing expected breast cancer increase in large Indian cities

INTERVIEWEE Dr. Bijal Jankharia, Co-Owner and Radiologist



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DR. BIJAL JANKHARIA, Radiologist

Breast cancer incidence in India is expected to double by 2020. The disease has overtaken cervical cancer in the past two decades as the leading cause of cancer deaths among women in India’s largest cities. New breast cancer cases now number more than 100,000 yearly and are expected to rise to 250,000 new annual cases by 2020.

While breast cancer incidence per 100,000 population is lower in India compared to the US, France and Britain, mortality from the disease is very high. It

is now quite commonly seen in younger women under age 50.

BREAST CANCER PREVENTION A LOW PRIORITY AND FINANCIAL DRAIN SINCE ALL TESTS AND PROCEDURES MUST BE PAID OUT-OF-POCKET

Aging, smoking, lack of childbearing or westernized life style mask more profound risks such as minimal awareness of the disease due to poor education and misinformation. Compounding the situation is a lack of government support for breast health

education and funding of screening mammography.

“As a result, breast cancer awareness is trivialized among some women by their families, especially those with little education or financial resources,” says Dr. Bijal Jankharia, a breast imaging radiologist and co-owner with her husband, Dr. Bhavin Jankharia, of SRL Jankharia Imaging in Mumbai. “Many women struggle to provide food, clothing and shelter, making breast cancer knowledge a low priority. It is also a financial drain since all tests and procedures must be paid out-of-pocket; there is no social safety net. By the time symptoms can no longer be ignored, it is often too late. Roughly half of all patients visit the doctor with palpable lumps of more than two centimeters.”

It is therefore not surprising screening constitutes less than 15% of the center’s mammographic procedures. These are typically self-referrals among educated women aware of the risks. The remaining diagnostic studies come mostly from private physician referrals and large, multinational employers that encourage preventive health. Dr. Jankharia often speaks at these companies, along with schools, social and religious groups open to her breast health advocacy. She is among the few radiologists in India specifically trained in mammographic interpretation.

The center has been the region’s diagnostic imaging leader since opening in 1969 and initiated many pioneering modalities like the first digital X-ray system in private practice by Agfa HealthCare, the first 64-slice CT scanner in Asia, open MRI, and the first private PET/CT installation in India, among others. It was therefore natural that

AGFA HEALTHCARE'S CONTRIBUTION

- » Ability to propose realistic solutions that address customer needs, complemented by reliable, consistent and knowledgeable support.

“The number of patients we can handle has already increased by 25%, and we hope that the graph will keep rising.”

DR. BIJAL JANKHARIA, Radiologist



SRL Jankharia Imaging should again lead the profession by installing the first complete CR mammography solution from Agfa HealthCare in Mumbai and Western India to support Dr. Jankharia's outreach efforts promoting breast cancer awareness.

NIP PLATES OFFER “EXCELLENT IMAGE DETAIL” MORE ECONOMICALLY THAN FFDM

Though the center's other imaging is all-digital, mammography was a holdout relying on a legacy unit to perform about 10 screening and 50 diagnostic procedures weekly. “While FFDM offers exceptional image quality and improved workflows, it is way too expensive for facilities where so little screening is done,” Dr. Jankharia says. “We sought a cost-effective means of going digital with the quality needed to properly visualize the skin line, soft tissue and microcalcifications, among other pathology,” explains Dr. Jankharia.

Her knowledge of current mammography trends stirred interest in Agfa HealthCare's DX-M, a CR solution that works with needle-based detector plates (NIP) in cassettes. “Using our original exposure unit to capture images for processing on the DX-M and manage them on a digital workstation was very cost-effective,” she adds. “We studied solutions from two vendors, and the deciding factors in Agfa HealthCare's favor were the NIP cassettes, MUSICA² image processing, ease of use, convenience and speed. Another was our personal rapport with Agfa HealthCare's specialists over the last 12 years.”

MUSICA² software comes with the DX-M for consistently high image quality and enhanced detail. The dedicated NX workstation and DRYSTAR AXYS imager for hardcopies rounds out the total solution. The workstation and imager are located in the procedure room with the DX-M. Dr. Jankharia also has an Agfa HealthCare SE Suite client/server viewing station in her office for manipulating and managing breast images.

“The fine contrast and high resolution from MUSICA² sealed our decision,” she said. “And the NIP plates provide excellent detail that I'm very pleased with. The DX-M's 50-micron resolution makes detecting subtle masses and microcalcifications easy.”

Once the total solution was installed and running, two interesting benefits resulted: a rise in patient throughput

SOLUTIONS

Directrix needle-based detector plates (NIP)

- » Excellent image quality with a much higher Detective Quantum Efficiency (DQE)
- » Image quality necessary for mammography with high throughput
- » Potential for dose reduction

MUSICA² image processing software

- » Visualizes subtle details of all sizes, enhancing reading comfort
- » Assists radiologists and technologists by automatically applying the appropriate grade of image enhancement regardless of exam type
- » Optimizes image quality by auto-adjusting density and relative contrast of anatomic detail in a robust and consistent manner

DID YOU KNOW...

- » Each year 10.9 million people worldwide suffer from breast cancer; 6.7 million die from it.
- » Over 50% of Indian breast cancer patients present with large tumors, which markedly lowers survival.

and staff productivity. She credits the operational speed of the DX-M's five-cassette drop-and-go buffer and the pace at which images are displayed for preview; typically a matter of seconds. “Everything happens fast. There's less waiting time for patients, which makes them happy because they can go home quicker. The number of patients we can handle has already increased by 25%, and we hope that the graph will keep rising.” •

